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Young People's Sexual Readiness: Insights gained from comparing a researchers' and youth advisory group's interpretation

Michelle Templeton^{*a}, Maria Lohan^a, Carmel Kelly^a, Laura Lundy^b

School of Nursing and Midwifery, Queen's University, Belfast, Northern Ireland^a; School of Social Sciences, Education and Social Work, Queen's University, Belfast, Northern Ireland^b

*Corresponding Author: Michelle Templeton Email: mtempleton01@qub.ac.uk

Abstract

This study explored young people's understandings of sexual-readiness and what influenced their decision to initiate first sex. In-depth interviews conducted with 20 heterosexual young people aged 16-18 years attending sexual health clinics in Northern Ireland, were analysed using a combined approach. This included comparing researchers' and a youth advisory group's interpretations of the same data. Thematic analysis was used to enable the comparison and to draw out insights across both interpretations. Three themes emerged from each analysis that aligned closely with one another: Self/Socio-Cultural Influences; People/Peer Influences; and Mental/Intimate Contact. One additional theme: namely, that of Adult Control, emerged from the researchers' understanding alone. Results suggest that young people actively deliberate about sex as inevitable and find it difficult to resist the peer and social influences that regulate their lives; many initiate sex 'to-get-it-over-with'. Gender ideologies influence the context in which first sex occurs, expectations, motivations and relationship status. Sexual-readiness was informed by whether the experience was 'good, not so good or bad'. Findings highlight the need for the health, law and education sectors to provide young people with relevant information that reflects the reality of first sex and its links to gender equality, and related concepts such as respect, rights, responsibility and resilience, in everyday life.

Keywords: Young people, sexual readiness; sexual competence; gender inequality; shared perceptions

Introduction

Globally, young people's sexual behaviours are considered risky and problematic due to the moral, social, medical and legal consequences of being unprepared for sexual relations, e.g., early age of sexual debut, casual partners, unintended pregnancy and sexually transmitted infections (STIs) (World Health Organization Regional Office for Europe 2011; 2013). These outcomes are key health indicators in the Global Strategy for Women's, Children's and Young people's Health (2016-2030) and key priorities for young people's health promotion policies and programmes (Wellings et al. 2013; Dick and Ferguson 2015; Ingham and Hirst 2010; Inchley et al. 2016; Public Health England 2018). Research evidence shows that early sexual debut (i.e. before the age of consent - 16 years in UK) is more likely to be unprotected, the result of peer pressure or coercion, and associated with regret. This is because young people lack the competence to negotiate safety within their sexual relationships (Wellings et al. 2001; Dixon-Mueller 2008; Hawes, Wellings and Stephenson 2010; Templeton et al. 2017). It is also recognised that unhealthy sexual behaviours developed early in life may continue to impact on relationships, opportunities, and health and well-being into adulthood (Hawes, Wellings and Stephenson 2010; Templeton et al. 2017; Wight et al. 2000; Mercer et al. 2013).

Irrespective of age, a number of authors (Hawes, Wellings and Stephenson 2010; Templeton et al. 2017; Hirst 2008; Public Health England 2018; Buston and Wight 2006) report that social influences also affect young people's sexual competence and likelihood of engaging in risky behaviours. They stress the need to consider competencies related to relationships and the circumstances in which sex usually occurs, e.g., communication with sexual partners, particularly when under the influence of alcohol/drugs. Therefore, a sole focus on sexual competence as defined by age alone or even the four factors presented in the Wellings et al. (2001) model to assess the appropriateness of timing of sexual debut: namely, 'absence of duress and regret, autonomy of decision, and use of a reliable method of contraception' (1184), is limited.

The World Health Organization (WHO 2006) suggests a broader view of what should constitute competent sexual relationships which is consensual, positive, empowering experiences based on healthy and safe sexual decisions and practices that are free from violence, grooming and coercion. Yet despite the risks associated with early sexual debut, limited attention has been paid to exploring young people's own perspectives on their readiness for sexual relations, and how they deliberate on the benefits and risks of sex. Thus, a critical perspective is missing, stressing the need to include their voices (Templeton et al. 2017; Hirst 2008). This paper describes the inclusion of youth voices in a study about their sexual readiness, but crucially, by not only collecting data from them, but also supporting them to analyse the data and put forward their own interpretation of the meanings inherent within it.

Methods

Participants and procedures

This study sought to engage with these concerns. It focused on heterosexual first sex and exploring gender relations between young men and women, as well as gender relations between women and men more generally. It benefited from the input of a

young people's advisory group (YPAG; n=15, 11 young women (F), 4 young men (M), aged 16-18 years) that worked alongside the researchers from the outset. Members of the group were recruited via two local children's networks that operate across Northern Ireland. The networks forwarded a recruitment call, which included a link to a text-based information sheet and a short informational video about the project, to their member organisations. These included a diverse range (in terms of social class, religion, sex) of young people from all over Northern Ireland to join projects and have their voices heard on issues that affect them. A core group of six members attended the majority of meetings and activities throughout. At each stage, the group received capacity-building support to prepare and support them to engage effectively with the research activities. They designed youth-friendly ethical procedures and research documents and suggested specific prompts to include in the interview schedule for the researcher to use when interviewing 20 heterosexual participants for the substantive phase of the study. The YPAG also carried out an independent analysis of the data,¹ which was compared with the researchers' analysis to inform the overall interpretation and findings.

The researcher gathered data during one-to-one interviews with 10 male and 10 female young people who presented at three National Health Service sexual health clinics within one health trust in Northern Ireland. Table 1 shows the age and sex of the research participants. Participants were asked if they would like to share their mobile phone number to allow the researcher to contact them 24 hours post-interview. This strategy was informed by a suggestion from the advisory group and was deemed a youth-friendly and ethical way to engage with participants. It also facilitated 'checking-back' with them to ensure they were in good spirits and reconfirm their consent/withdrawal wishes after sharing their stories. Ethics approval for the study was obtained from the Office for Research Ethics Committee's (NI) (Ref: 14/NI/0031).

[Table 1 here]

Eligible participants were sexually active 16–18-year olds. Interviews of 21-45 minutes duration that took place in the clinics over four months were audio-recorded with permission and transcribed verbatim. Interview content focused on the young people's retrospective stories around the circumstances of first sex, e.g., age at first sex, whether contraception was used, where it took place, with whom, whether it was planned etc. Demographic data were collected from participants during the initial stages of interviews to construct a proxy social status measure² relevant to access to resources such as health services, education and work opportunities (Oakes and Rossi 2003). Using this measure, 10 participants were deemed to be working class (WC); four, Upper Working Class (UWC); and six, Middle Class (MC). See Table 2 for a summary of participants responses.

[Table 2 here]

¹ See online supplemental material for details of the process by which the YPAG went about its work.

² See online supplemental material for details of this measure.

Data analysis

Thematic analysis was used by both researchers and young people to make sense of the data, and to compare perspectives (Braun and Clarke 2006). The research team had experience conducting and analysing qualitative research in relation to sexual health and wellbeing. Both analyses progressed through three stages: from iterative descriptive review (inductive coding), searching for symbolic meaning (categorising), to deeper reflection and conceptual understanding (themes). During the researchers' analysis, transcripts were independently coded by MT and checked by CK. Discrepancies were resolved through discussion with the other team members (ML & LL).

The YPAG (n=6, 5F and 1M) analysis was conducted during a one-day workshop facilitated by MT who was there primarily to take notes and document how the group interpreted the data. The group was provided with a selection of individual quotations (217 data units) which ranged from a few words to more sizeable chunks of text, approximately 15 per transcript. Their preferred method was to read extracts aloud, discuss, and agree on coding as a group. During the process, the group was encouraged to share their thoughts and experiences. When 135 data units had been analysed in this way, the group chose to stop as no new codes were emerging, and members were beginning to discuss patterns and relationships in the data. Details of the procedure used are available from the first author on request. Occasionally initial coding caused disagreement among the group, which was resolved by members stating their case for a code, discussing it as a group and agreeing how to categorise.

Results

For participants in the study, first sex typically happened at a house party with alcohol/drugs available or at a free-house when young people had no adult supervision. Twelve participants reported experiencing sexual debut before the legal age of consent (5F, 7M) with young men reporting more than young women, to be under the influence of alcohol/drugs (3F, 6M), having unprotected first sex (1F, 4M) and stating that 'it just happened' (1F, 6M) (Table 2). Relationship context at first sex ranged from a one-night stand for half of the participants (4F, 6M), to one young woman who had been with her boyfriend for one year before they had sex. Those who planned their first sex tended to be in established relationships (3F, 3M). Of these, all of the young women claimed they were in love while only one male participant spoke of love for his current girlfriend and interest in having a family (3F, 1M).

A number of participants (4F, 4M) reported regretting their first sex, especially if it took place on a one night stand with a friend. The majority of young women who experienced sexual debut in this way regretted their first time (3 out of 4), as did two of the young men. These participants tended to report feeling pressurised by their peers to have sex. Only two young men and two young women had first sex with someone they had just met, which for one young woman led to a two-year relationship, and only one young woman was still with her first sexual partner. The remainder of the participants continued to have sex after their first time but with other partners. One

young woman (19. F17³), who was currently living in a secure unit, stated that her intention had been to get pregnant when she had first sex, as friends around her were getting pregnant and she felt the odd one out.

Elements of the two thematic maps are presented in Figure 1, which details how the researchers analysed the data and how the youth advisory group made sense of it.⁴ It is clear when comparing both that the researchers' analysis incorporated more multiple layers of initial coding owing to a longer deeper involvement in data collection, transcription and analysis and working with complete transcripts. However, the remit of the advisory group was not to become so involved in data collection but to provide an interpretation of what was going on from their perspective. Nonetheless, both analyses generated three similar themes that aligned well. The advisory group theme named 'Mental' mapped closely to the researchers' theme 'Intimate Contact'. The advisory group theme 'People' mapped onto the researchers' theme 'Peer Influence', and their theme 'Self', mapped on to the researchers' theme 'Sociocultural Influences'. The notable difference in analysis was an additional theme - 'Adult Control' - which emerged from the researchers' analysis but was completely absent from that of the advisory group.

[Figure 1 Here]

Mental – Intimate Contact

In this theme, the researchers' and advisory group interpretations were similar, as both focused on age and understandings of consent, difficulties managing intimate relationships, and whether first sex was regretted. Both interpretations suggested that young men understood consent as permission to transition to sex, cared little about the law, especially when influenced by alcohol/drugs, and favoured reducing the age of consent to reflect their current practices.

I think it should be lowered (age of consent) because I think society is changing but the law isn't if you get me, cause there's more and more young people having sex now and it's still 16 like. I know there's a part where, *no you're not having sex you're too young*, but it's like you know maybe even a year off (08. M16).

Young women by contrast, understood the age of consent as providing protection from abuse and reputational worries and suggested raising it.

You're still just making a name for yourself because some girls nowadays just think oh well, I can do it now cause I'm 16, but they're not thinking about what people are saying about them behind their backs, and what people think of them, or even you know what that fella is going to think of them (11. F17).

³ Coding denotes participant number, sex and age, e.g., 19.F17 signifies participant 19 who was a 17 year-old young woman. Table 2 provides additional information about each participant.

⁴ Additional details of the researchers' and the YPAG's thematic maps are available in online supplemental information.

In both interpretations, young men sought to avoid relationships, preferred casual sex and looked for signals that indicated young women's desire. However, female participants described this as pester-power and associated it with disloyalty and lying to get sex. Young women claimed that this made it difficult for them to gain commitment and emotional connection, which affected their feelings of self-worth after sex.

There was a fella in school texting me at the time and he kept on asking me to come down to his house and I wouldn't go cause I knew what it was going to be, and I didn't want to do it at that time (15.F17).

It was clear that the majority of young men were more concerned about their sexual performance and first sex provided a sense of achievement.

I actually remember going into the bathroom after, I was like 'I did it' laughing at myself in the mirror and celebrating about it, which is so stupid looking back...It was just a big deal for kids to do it (04. M17).

Young women, however, were emotional and some were tearful afterwards for having chosen the wrong partner or hoping for an emotional connection that was missing.

Oh, I felt like shit. I felt awful. I just cried for 2 days. I felt awful. I just felt really low. I don't know, I can't describe it, I just felt really really low.... A couple of months later my sister was talking to me and told me about it and she said she was exactly the same too. She just cried 'cause she did it in exactly the same circumstances as me. Like, it was a mistake (12. F18).

Most young men did not wish to deal with young women's emotions, did not care, or valued sex as more important. However, the few young men who had experienced sexual debut with a friend reported more concern for their partner and their wellbeing before and after they had sex.

People - Peer Influences

In this theme, the researchers and advisory group interpretations focused on the influence of peer pressure and its relationship to risky sexual behaviours, drugs, alcohol, popularity, status and respect. Most of the young women claimed they felt pressure to pursue men who showed an interest in them. When not in a relationship, they felt undesirable and lonely, were laughed at by friends, and envied those with boyfriends.

Starting a sexual relationship required them to lose their female friends and move to their boyfriend's friendship group, which created reputation rumours and conflict. By giving up their female friends in favour of spending time with their boyfriend and his friends, they isolated themselves and risked losing potentially supportive female social networks. Masculine norms within male peer groups focused on casual sex, oblivious to health risks, and young men found it easier to maintain their peer friendships when beginning sexual relationships.

I think at the time I was feeling pressurised into it by my friends because I was turning 18 and everyone was like just hurry up and get it over and done with (03. F18).

If you're running about single everyone's going, aye you're forever alone, and like just take the piss out of you (11. F17).

The majority of participants in the study went to local bars and nightclubs and held house parties when unsupervised. 'Party-sex', characterised by consuming lots of alcohol and/or drugs, was distinct from 'romantic-sex'. Sexist attitudes were evident in how young men spoke about and treated women, while male banter, myths, mocking and lying about sexual prowess regulated and enforced heteronormative masculine ideals. A few young men claimed this was just 'guy talk' that meant no harm, without considering the impact on their female partners.

From a lad's point of view, see from a kids' point of view, like adults kind of think it's like a whole kinda love thing, but see for kids now-a-days like teenagers will have sex with anyone, like anyone who comes along (07. M16).

Men need to know how to respect women when they're having sex, some do some don't, they just really discriminate, but like it's not like against, like women are bad, but it's like as a joke (10. M17).

Self – Sociocultural Influences

In this theme, both interpretations focused on the difficulty young people experience negotiating the conflicting messages they receive and the reality of sex. All participants had access to information about sex through pornography on their mobile phones and computers but had less access to formal structures such as good, relevant health and education advice. The majority had received some sex education while at school, typically a one-off talk at the age of 16, which in their view came too late and did not address relationship issues like negotiating consent and safe sex.

We got like very brief and pointless talk, like we were getting a talk in 5th year (16 years) but it was the same one the 1st years (12 years) were getting and it wasn't very detailed, and you know it was pointless because the Principal didn't want it too detailed, or something like that, so it was useless (17. M18).

All participants had access to contraception, which they associated with preventing pregnancy rather than preventing the spread of STIs. Most said that having to go to doctor's surgeries and clinics to get prescriptions was off-putting and affected the regularity and frequency of their contraception use.

Social media was available and accessed by all participants who said that it was 'flooded' with pornographic information. Young men viewed porn as a useful learning tool but through experience, soon discovered that porn depicted a distorted reality of sex. The majority of young women disliked pornography and thought it influenced how men view sex and how they treat women.

It's good yeah (pornography). I would search it up like I suppose for performance to pick up a few tips but yeah that's about it. Well it helps me (17. M18).

I don't like it at all, it's just like dirty and disgusting. I don't think people should be watching it...The way like men grab them and wee fellas are obviously thinking that's ok and I'll go home and slap my girlfriend. (11. F17).

Most of the young men said that young women presented themselves on social media as 'fake' and 'sexually available'. Young women viewed this as harassment and felt victimised on social media by young men. They expressed anger at being compared to unrealistic beauty standards and sought to challenge men's' views.

Boys put up pictures of girls and go ohh she's nice looking and all, and you're like NOBODY LOOKS LIKE THAT. They expect girls to be like that and it's just not like that (16. F16).

Adult Control

With respect to this theme, the researchers clustered information that described the effect of adults on young people's lives. The youth advisory group however, did not recognise adult involvement in their understandings at all. In the researchers' interpretation, adults, either directly or indirectly, exposed young people to risk through lack of guidance or withholding knowledge needed to help them make positive, healthy choices. This included restricting information on sexual consent legislation and quality sex education, and flaunting licensing laws, which young people easily circumvented.

Sometimes you have fake ID (identification) but in [this town] they don't really care they're really bad about it 'cause I look about 12 and I get in [to clubs underage] (16. F16).

While advisory group members were aware of risky behaviours, poor quality sex education, age in/appropriate sexual relations and paedophilia, and had concerns about the sexualisation of younger children via social media and pornography, during their analysis of the data, they did not reference adults' influence or accountability in connection with these issues.

Insights gained from comparative analysis

The youth advisory group's interpretation of the data focused much less on adult accountability in relation to law, health, safety and education, which was more dominant in the researchers' interpretation. Both analyses, however, highlighted gender differences inherent in the experience of first sex that emphasised how young men avoided criticism, punishment or injury to reputation for initiating sex, and how young women were in general, better prepared to invest in and manage relationships. Yet, in the advisory group analysis, there was greater acceptance of gender inequality than in the researchers' interpretation.

Importantly, the advisory group distinguished a way to assess sexual readiness which was based (retrospectively) on how first sex made them feel. That was, i) 'good

sex'- feeling good after sex; ii) 'not so good sex'- feeling used by their partner; and, iii) 'bad sex'- feeling bad due to inappropriate sex or feeling mistreated. Combining their own experience with their interpretation of the data they said that the 'right time' for first sex and therefore being 'sexually ready', regardless of the circumstances, was when a good experience was had, whether it was planned or not, and associated with feelings of love. A 'not so good' encounter, mostly experienced by young women, was understood as being the participant's own fault for choosing an immature or insincere partner. A 'bad' experience was due to feeling disrespected for being vulnerable, needy and sending out the wrong signals. The onus for vulnerability and capacity to consent was placed firmly on young women, who they thought should control their behaviours.

A more pervasive feature the advisory group raised was on 'fitting-in' with peers in an effort to gain respect. Members explained that young people might be more likely to behave in ways valued by peers than by their family and described this as a 'splitting-of-the-self' to emphasise the 'pull' felt between these two powerful yet conflicting sources of influence on their lives. Sex was viewed as a 'rite of passage', which confirmed that one has transcended childhood and crossed over into adulthood, a position they believed that was envied by peers.

In contrast, the researchers' analysis focused mainly on the impact of gender differences in relation to female agency and how young men's sexist and disrespectful behaviours affected young women's experience of 'good', 'not so good' or 'bad' sex. Nonetheless, the group maintained that time and energy spent by young women pursuing monogamous relationship, regardless of how they are treated, was a sign of maturity and perseverance as opposed to disrespectful treatment and unnecessary pressure, control and isolation from their friends, which was how the researchers interpreted this information.

Discussion

This study has described insights gained from combining a young people's analysis with that of researchers to inform the overall interpretation of the findings. For the young people in the study, sex was a social act focused on status with peers (Lavie-Ajayi, Jones and Russell 2009) that resulted in them having sex with friends and acquaintances just to 'get-it-over-with'. This has important implications for how young people's sexual relationships are framed in sexual health promotion, policy and sex education, which tends to focus on monogamous relationships (Lavie-Ajayi, Jones and Russell 2009; Byron 2017; Hendry et al. 2018). The current gender system plays a huge part in normalising sexism, which greatly affected young people's behaviours and their ability to manage intimate relationships (Mellgren, Andersson and Ivert 2017). While youth advisory group members acknowledged the impact of peer pressure, gender and power inequalities, they justified and accepted the status quo more readily than did the researchers. As a result, learning about sex via the media and peers related to being less ready for the impact of gender inequalities on young people's sexual wellbeing. The interplay between gender dynamics and friendship relations on first sex was highlighted in relation to whether the experience was 'good', 'not so good' or 'bad'. This was how the advisory group conceptualised notions of sexual readiness (Hawes, Wellings and Stephenson 2010; Templeton et al. 2017) and draws attention to the information young people actually need to know, if they are to deal with sexualised situations effectively,

This study, like others (Kågesten et al. 2016; Ashburn et al. 2016) challenges the notion that it is young women's responsibility to regulate their sexual behaviour, rather than young men to address theirs. This is echoed in recent social media campaigns like #metoo, #heforshe; #timesup and #EverydaySexism and calls for an end to the widespread prevalence of gender inequality in everyday life. Based on this greater awareness of everyday sexism the time is ripe to capture the attention of youth and include them in the conversation about relationships and sexuality. However, rather than a focus on 'extreme' sexual behaviours such as paedophilia, rape and the abuse of power of the rich and famous, the inclusion of young people in this dialogue can draw attention to everyday sexual behaviours in sexual interactions in everyday life. Including young people's voices more fully will also add a much-needed dimension of expertise previously missing from the debates and studies about sexuality and sexual health (Dworkin, Fleming and Colvin 2015; Templeton et al. 2017; Hyde et al. 2008).

Health promotion, education and laws related to sexual interactions could do more to include the specifics of gender inequalities for both sexes. Strategies could inform young people's understanding on the building blocks of respect (for self and others), rights and responsibilities, and develop their resistance to social and peer pressures associated with sexuality (Svanemyr et al. 2015; UNESCO 2018; Haberland 2015; Looze et al. 2018; Templeton et al. 2017; Eckstrand et al. 2017). According to the youth advisory group in this study, the challenge for adults lies in knowing how to help young people handle the tensions between their family values and the peer and social pressures they face (Randell et al. 2016) -- in effect, to better prepare young people to make positive and healthy choices and say 'no' to unwanted conduct of any type, without looking like a 'loser'.

Limitations

This was a qualitative study of young people living in one health trust area in Northern Ireland. Participants were recruited from three sexual health clinics and only those who felt comfortable to participate were interviewed, which may have biased our sample. Despite this, we recruited participants from a range of backgrounds, although all were white. The sample size was small (20 participants; 6 YPAG) and can only provide insights from personal experience and self-report. The researcher's involvement in the young people's analysis may have caused a degree of reactivity. This may have helped some young people be more confident talking about these issues but may also have influenced what was said especially when asked to provide additional contextual information about an excerpt.

Conclusion

Analyses of participants' reports of their first sexual experience suggest that some have sex before they are ready and have a negative experience that affects their health and wellbeing. First sex for the young people in this study was rarely about the anticipated pleasures associated with sex itself; rather it is about imitating adulthood, losing the stigma of virginity or trying to gain affection and status from peers. Getting it over with, to fit-in with peers, was the main reason for this and a possible explanation for their vulnerability to harmful outcomes.

Including the realities of young people's experience of how they understand competent sex could inform the development of more context-based sexual and reproductive health strategies. These should go beyond health concerns to include critical engagement with traditional masculine and feminine gender-identities and media representations of cultural stereotypes (Templeton et al. 2017; Ashburn et al. 2016; Kågesten et al. 2016; Svanemyr et al. 2015). Young people's notions of 'good sex' in this study were multi-faceted and provide a basis from which to begin a discussion with them about being 'ready' or 'not ready' for sex. This type of dialogue would acknowledge youth agency while also acknowledging the social norms that regulate this agency. In particular, it may be valuable to create opportunities for young people to explore and actively challenge the impact of gender norms and friendships and how these relate to their (and their partners) health and wellbeing (Svanemyr et al. 2015; Byron 2017; Looze et al. 2018;).

In agreement with others (Dworkin et al. 2015; Kraft et al. 2012; Lohan et al. 2017; 2018; Ruane-Mcateer et al. 2018; Tanton et al. 2015; Weissbourd, Peterson and Weinstein 2013; Haberland 2015; UNESCO 2018) a gender transformative or gender informative approach to sexual health promotion and education, which seeks to encourage a change in male attitudes and behaviours and an increase female sexual agency may prove promising. To improve young people's sexual health outcomes, policy makers must also engage with the social and cultural context in which young people experience their first sex. Including their voices in intervention and programme development through processes of co-production will ensure interventions are relevant to their lives and thus more informative, sustainable and effective.

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References

- Ashburn, K., Costenbader, B., Igras, S., Pirzadeh, M., Homan, R. 2016. Social Norms Background Reader. Learning Collaborative: Advancing Research and Practice on Normative Change for Young people Sexual and Reproductive Health and Well-Being. Washington, DC: Institute for Reproductive Health at Georgetown University and FHI 360.
- Braun, V. and Clarke, V. 2006. "Using Thematic Analysis in Psychology." *Qualitative Research in Psychology* 3: 77–101.
- Buston, K. and Wight, D. 2006. "The Salience and Utility of School Sex Education to Young Men." *Sex Education* 6 (2): 135–150.
- Byron, P. 2017. "Friendship, Sexual Intimacy and Young People's Negotiations of Sexual Health." *Culture, Health & Sexuality* 19 (4): 486–500.
- Dick, B. and Ferguson, B.J. 2015. "Health for the World's Young peoples: A Second Chance in the Second Decade." *Journal of Young People Health* 56 (1): 3–6.
- Dixon-Mueller, R. 2008. "How Young is "Too Young"? Comparative Perspectives on Young people Sexual, Marital, and Reproductive Transitions." *Studies in Family Planning* 39 (4): 247–262.
- Dworkin, S., Fleming, P., Colvin, C. 2015. "The Promises and Limitations of Gender-Transformative Health Programming with Men: Critical Reflections from the Field." *Culture, Health & Sexuality* 17 (Suppl 2): 128-43.
- Eckstrand, K., Choukas-Bradley S., Mohanty A., Cross M., Allen N., Silk J., Jones N., Forbes E. 2017. "Heightened Activity in Social Reward Networks is Associated with Young people's Risky Sexual Behaviours." *Developmental Cognitive Neuroscience* 27: 1–9.
- Haberland, N. 2015. "The Case for Addressing Gender and Power in Sexuality and HIV Education: A Comprehensive Review of Evaluation Studies." *International Perspectives on Sexual and Reproductive Health* 41 (1): 31.
- Hawes, Z., Wellings, K., Stephenson, J. 2010. "First Heterosexual Intercourse in the United Kingdom: a review of the literature." *Journal of Sex Research* 47 (2): 137–52.
- Hendry, N., Brown, G., Carman, M., Ellard, J., Wallace, J., Dowsett, G. (2018) "Untangling the Conflation of 'Young Adults' and 'Young People' in STI and Sexual Health Policy and Sex Education." *Sex Education* 18 (5): 527-540
- Hirst, J. 2008. "Developing Sexual Competence? Exploring Strategies for the Provision of Effective Sexualities and Relationships Education." *Sex Education* 8 (4): 399–413.
- Hyde, A., Drennan, J., Howlett, E., Brady, D. (2008). "Safer Heterosex: Perspectives from Young Men in Ireland." *Sexual Health* 5 (1): 25-30.
- Inchley J, Currie D, Young T., Samdal, O., Torsheim, T., Augustson, L., Mathison, F., et al. 2016. Health Policy for Children and Young People, No. 7. Growing up Unequal: Gender and Socioeconomic Differences in Young People's Health and Well-being. Health Behaviour in School-Aged Children (HBSC) Study: International Report From the 2013/1014 Survey. Copenhagen: WHO (EURO)
- Ingham R and Hirst J. 2010. "Promoting Sexual Health." In *Promoting Health and Wellbeing in Schools*, edited by I. Aggleton, P., Dennison, C., Warwick, 99–119. Abingdon: Routledge.

- Kågesten, A., Gibbs, S., Blum, R., Moreau, C., Chandra-Mouli, V., Herbert, A., Amin, A. (2016) "Understanding Factors that Shape Gender Attitudes in Early Adolescence Globally: A Mixed-Methods Systematic Review." *PLOS ONE* 11 (6).
- Kraft, J., Kulkarni, A., Hsia, J., Jamieson, D., Warner, L. 2012. "Sex Education and Young people Sexual Behavior: Do Community Characteristics Matter?" *Contraception* 86 (3): 276–280.
- Lavie-Ajayi, M., Jones, C., Russell, L. 2009. "Social Sex: Young Women and Early Sexual Relationships." In *Understanding non-monogamies*, edited by M. Barker, D. Langdridge, 94-108. Abingdon: Routledge.
- Lohan, M., Aventin, A., Clarke, M., Curran, R., McDowell, C., Agus, A., Young, H. (2018). "Can Teenage Men be Targeted to Prevent Teenage Pregnancy? A Feasibility Cluster Randomised Controlled Intervention Trial in Schools." *Prevention Science* 1-12.
- Lohan M, Aventin Á, Maguire L, Curran R, McDowell C, Agus A, et al. 2017. "Increasing Boys' and Girls' Intention to Avoid Teenage Pregnancy: A Cluster Randomised Control Feasibility Trial of an Interactive Video Drama Based Intervention in Post-Primary Schools in Northern Ireland." *Public Health Research* 5 (1) 1–344.
- Looze, M. de, Huijts, T., Stevens, G., Torsheim, T., Vollebergh, W. 2018. "The Happiest Kids on Earth. Gender Equality and Young people Life Satisfaction in Europe and North America." *Journal of Youth and Adolescence* 47 (5): 1073–1085.
- Mellgren, C., Andersson, M. and Ivert, A. 2017. "'It Happens All the Time': Women's Experiences and Normalization of Sexual Harassment in Public Space." *Women & Criminal Justice* 28 (4): 1–20.
- Mercer, C., Tanton, C., Prah, P., Erens, B., Sonnenberg, P., Clifton, S., Macdowall, W., et al. 2013. "Changes in Sexual Attitudes and Lifestyles in Britain Through the Life Course and Over Time: Findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal)." *The Lancet* 382 (9907): 1781–1794.
- Oakes, J., Rossi, P. 2003. "The Measurement of SES in Health Research: Current Practice and Steps Toward a New Approach." *Social Science & Medicine* 56 (4): 769–784.
- Public Health England. 2018. Teenage Pregnancy Prevention Framework: Supporting Young People to Prevent Unplanned Pregnancy and Develop Healthy Relationships. London, Public Health England. Available at <https://www.gov.uk/government/publications/teenage-pregnancy-prevention-framework>
- Randell, E., Jerdén, L., Öhman, A., Starrin, B., Flacking, R. 2016. "Tough, Sensitive and Sincere: How Young people Boys Manage Masculinities and Emotions." *International Journal of Adolescence and Youth* 21 (4): 486–498.
- Ruane-McAteer, E., Hanratty, J., Lynn, F., Reid, E., Khosla, R., Amin, A., & Lohan, M. (2018). "Interventions Addressing Men, Masculinities and Gender Equality in Sexual and Reproductive Health: An Evidence and Gap Map and Systematic Review of Reviews." The Campbell Collaboration. Available at <https://campbellcollaboration.org/library/masculinities-gender-equality-sexual-and-reproductive-health-egm-systematic-review-of-reviews.html>
- Svanemyr, J. Amin, A., Robles, O., Greene, M. 2015. "Creating an Enabling Environment for Young people Sexual and Reproductive Health: A Framework and Promising Approaches." *The Journal of Adolescent Health* 56 (1 Suppl): S7-14.

- Tanton, C., Jones KG, Macdowall W, Clifton, S., Mitchell, R., Datta, J., Lewis, R., Field, N., Sonnenberg, P., Stevens, A., Wellings, K., Johnson, AM., Mercer, C. 2015. "Patterns and Trends in Sources of Information About Sex Among Young People in Britain: Evidence from Three National Surveys of Sexual Attitudes and Lifestyles." *BMJ Ppen* 5 (3): e007834.
- Templeton, M. Lohan, M., Kelly, C. Lundy, L. 2017. "A Systematic Review and Qualitative Synthesis of Young people's Views of Sexual Readiness." *Journal of Advanced Nursing* 73 (6): 1288–1301.
- UNESCO. 2018. *International Technical Guidance on Sexuality Education. An evidence-informed approach*. Paris: UNESCO.
- Weissbourd, R., Peterson, A., Weinstein, E. 2013. "Preparing Students for Romantic Relationships." *Phi Delta Kappan* 95 (4): 54–58.
- Wellings, K., Nanchahal, K., Macdowall, W., McManus, S., Erens, B., Mercer, C., Johnson, A., Copas, A., Koroavessis, C., Fenton, K., Field, J. 2001. "Sexual Behaviour in Britain: Early Heterosexual Experience." *The Lancet* 358 (9296): 1843–1850.
- Wellings, K., Jones, K., Mercer, C., Tanton, C., Clifton, S., Datta, J., Johnson, AM. (2013). "The Prevalence of Unplanned Pregnancy and Associated Factors in Britain: Findings from the Third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)." *Lancet* 382 (9907): 1807–1816.
- Wight, D., Henderson, M., Raab, G., Abraham, C., Buston, K., & Scott, S., Hart, G. (2000). "Extent of Regretted Sexual Intercourse Among Young Teenagers in Scotland: A Cross Sectional Survey." *BMJ* 320 (7244): 1243–1244.
- World Health Organization Regional Office for Europe. 2011. *Evidence for Gender Responsive Actions to Prevent and Manage Adolescent Pregnancy*. Copenhagen: WHO (EURO).
- World Health Organization. 2006. *Defining Sexual Health: Report of Technical Consultation on Sexual Health*. 28-31 January 2002. Geneva: WHO.
- World Health Organization Regional Office for Europe. 2013. *Health 2020: A European Policy Framework Supporting Action Across Government and Society for Health and Well-Being*. Copenhagen: WHO (EURO).

Table 1: Research participants

| Sex/Age | 16 | 17 | 18 | Total |
|----------------|-----------|-----------|-----------|--------------|
| Male | 4 | 2 | 4 | 10 |
| Female | 1 | 5 | 4 | 10 |
| Total | 5 | 7 | 8 | 20 |

Table 2 - Summary of participant responses

KEY: UIC=Unique Identifier (01F17, Participant 1, a 17 year old young woman)

SU=secure unit

| Unique Identifier | Social class | Age at first sex | Ready | Relationship (length) | Regret | Planned | Contraception | Drinking | Reason given for having sex |
|-------------------|--------------|------------------|-------|-----------------------|--------|---------|---------------|----------|-----------------------------|
| 01.F17 | MC | 14 | Y | 10 mth | N | N | Y | N | love |
| 03.F18 | UW C | 17 | Y | 6 mth | Y | Y | Y | N | love |
| 06.F17 | UW C | 16 | Y | 4 mth | N | Y | Y | N | love |
| 11.F17 | WC | 15/16 | N | 1 night | Y | N | Y | Y | curious |
| 12.F18 | WC | 15 | N | 1 night | Y | N | Y | Y | drunk |
| 13.F18 | MC | 16 | Y | 12 mth | N | Y | Y | N | love |
| 14.F18 | WC | 16 | N | 1 night | Y | N | Y | Y | spontaneous |
| 15.F17 | WC | 15/16 | Y | 1 night | N | N | Y | N | for the experience |
| 16.F16 | WC | 16 | Y | 6 wks | N | N | Y | N | curious |
| 19.F17 | WC :SU | 14 | Y | 2 mth | N | N | N | N | to get pregnant |
| | | | | | | | | | |
| 2.M18 | MC | 16 | Y | 1 night | N | N | Y | N | for the experience |
| 4.M17 | UW C | 14 | Y | 7 mth | N | Y | Y | N | love |
| 5.M16 | WC :SU | 13/14 | Y | 3/4mth | Y | N | N | Y | spontaneous |
| 7.M16 | UW C | 15 | Y | 1 night | N | N | N | Y | spontaneous |
| 8.M16 | UW C | 14 | Y | 1 night | Y | N | Y | Y | spontaneous |
| 9.M18 | WC | 15 | Y | 1 mth | Y | N | N | Y | spontaneous |
| 10.M17 | MC | 15 | Y | 1 night | N | Y | Y | N | for the experience |
| 17.M18 | MC | 17 | Y | 7/8mth | N | Y | Y | N | in a relationship |
| 18.M16 | WC | 15 | N | 1 night | Y | N | N | Y | spontaneous |
| 20.M18 | MC | 17 | Y | 1 night | N | N | Y | Y | spontaneous |

Figure 1. The Researchers and YPAG Thematic Maps

| Researchers' Analysis | | YPAG Analysis | |
|---------------------------|--|---------------|------------------------------|
| Themes | Categories | Themes | Categories |
| ADULT CONTROL | Health & Safety | | |
| | Parental Values | | |
| INTIMATE CONTACT | Age and Understandings of the Age of Consent | MENTAL | Forethought & Preparation |
| | Managing Intimate Relationships | | Emotions & feelings |
| | Pleasure & Regret | | |
| PEER INFLUENCE | Popularity & Status Building | PEOPLE | Social Perceptions |
| | Drugs & Alcohol | | Social Circles |
| | Peer Group & Peer Influence | | |
| SOCIO-CULTURAL INFLUENCES | Sex Education | SELF | Lack of Knowledge /Ignorance |
| | Pornography | | Physicality |
| | Information & Communication Technologies | | |

